APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E020248 – Sept 12 STA

1. Applicant						
Na	ame:	EchoStar BSS Corporation	Phone Number:	202-463-3709		
DI	DBA Name:		Fax Number:			
St	reet:	1110 Vermont Ave NW	E-Mail:	Alison.Minea@dish.com		
		Suite 750				
Ci	ty:	Washington	State:	DC		
Co	ountry:	USA	Zipcode:	20005 –		
At	tention:	Alison Minea				

2. Contact							
Name:	EchoStar BSS Corporation	Phone Number:	202-463-3709				
Company:		Fax Number:					
Street:	1110 Vermont Ave NW	E–Mail:	Alison.Minea@dish.com				
	Suite 750						
City:	Washington	State:	DC				
Country:	USA	Zipcode:	20005 –				
Attention:		Relationship:					
		he Commission, enter e	ither the file number or the IB Submission ID of the related				
	application. Please enter only one.) 3. Reference File Number SESSTA2019081201090 or Submission ID						
4a. Is a fee submitted with this application?If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).							
Governmental Entity O Noncommercial educational licensee							
Other(please explain							
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request							
Use Prior to Grant O Change Station Location O Other							
	O Chan						
6. Requested Use Prior D 09/18/2019	Date						
7. CityBlackhawk		8. Latitu	de				
		(dd mm					

9. State SD	10. Longitude (dd mm ss.s h) 103 20 9.7 W						
11. Please supply any need attachments.							
Attachment 1: Exhibit 1Attachment 2:	Attachment 3:						
12 Description (If the complete description does not among in this ha	an along as to the and of the forms to sign it is its entirety.)						
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)							
Seeking renewal of 30−day special temporary authority to operate earth station for TT&C communications with the EchoStar 23 satellite for interim operations at 67.9 W.L. prior to its planned relocation and operations at 72.6 W.L. See Exhibit 1.							
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.							
14. Name of Person Signing Alison Minea	15. Title of Person Signing Director & Senior Counsel, Regulatory Affairs						
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).							

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